

2020-21-T  
2004.3295891021  
291624**Adams, Hope**

**From:** Tyler D. Fairey <tylerf@palmettotrans.com>  
**Sent:** Wednesday, April 29, 2020 3:28 PM  
**To:** PSC\_Contact; McGill, Thomas; Sarrell, Jenna  
**Cc:** 'Jill Fairey'  
**Subject:** [External] REINSTATEMENT - PALMETTO SPECIALITY TRANSFER LLC  
**Attachments:** PALMETTO SPECIALITY TRANS LLC - CLASS E Reinstatement Form.pdf; PALMETTO SPECIALITY TRANS LLC - Transportation Annual Report for Household Goods Hazardous Waste CY 2018.pdf; PALMETTO SPECIALITY TRANSFER LLC - Form E.pdf; PALMETTO SPECIALITY TRANS LLC - COI.pdf; SC PSC Gross Receipts.pdf

Please reinstate certificate 9749-C.

Attached:

1. CLASS E REINSTATEMENT FORM
2. 2019 GROSS RECEIPTS
3. 2019 ANNUAL REPORT
4. FORM E – PROOF OF AUTO INS
5. GENERIC COI WITH ALL INSURANCE INFO

RECEIVED  
 2020 APR 30 AM 8:44  
 SC PUBLIC SERVICE  
 COMMISSION

We are looking forward to our certificate's reinstatement. This is a difficult time to deal with this situation, and we would appreciate all expediency in resolving this issue.

Tyler Fairey  
 President  
 Palmetto Specialty Transfer, LLC  
 (803) 376-4884 Columbia  
 (864) 286-5062 Greenville



This email has been checked for viruses by Avast antivirus software.

[www.avast.com](http://www.avast.com)

## CLASS E REINSTATEMENT FORM

<p><b>Mail or Fax a copy of this form to:</b></p> <p><b>Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210</b></p> <p><b>PHONE (803) 896-5100 FAX (803) 896-5199</b></p>	<p><b>Need Assistance with completing the Form?</b></p> <p><b>SC Office of Regulatory Staff Transportation Department</b></p> <p><b>PHONE: (803) 737-0800</b></p>
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DATE: 4/13/2020

Please consider this an application for Reinstatement of my:

- ☒ Class E Household Goods Certificate (See attached form and provide documentation)
- ☐ Class E Hazardous Waste Certificate

My Certificate of Public Convenience and Necessity No. is 9749-C. My certificate was  
revoked/cancelled on 4/13/2020 because OF FAILURE TO FILE ANNUAL REPORT + GR RECEIPTS

\_\_\_\_\_. I am seeking reinstatement because MY COMPANY IS VIABLE WITH  
ALL INSURANCES, EQUIPMENT, STAFF, WHOUSES ETC - FAIL TO FILE WAS OVERSIGHT.

PALMETTO SPECIALITY TRANSFER LLC

(Name of Company)

1005 WEST BRAMLETT ROAD

(Street Address)

GREENVILLE SC 29604

(City, State, Zip Code)

8642865062

(Telephone Number)

(DBA if applicable)

PO BOX 9381 GREENVILLE SC 29611

(Mailing Address, City, State, Zip Code)

TYLER FAIRCY

(Signature)

PRESIDENT

(Title) Owner, President, etc.

# **Transportation CARRIER ANNUAL REPORT**

## **HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS OF**

**PALMETTO SPECIALITY TRANSFER LLC**

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**Exact Legal Name of Respondent**

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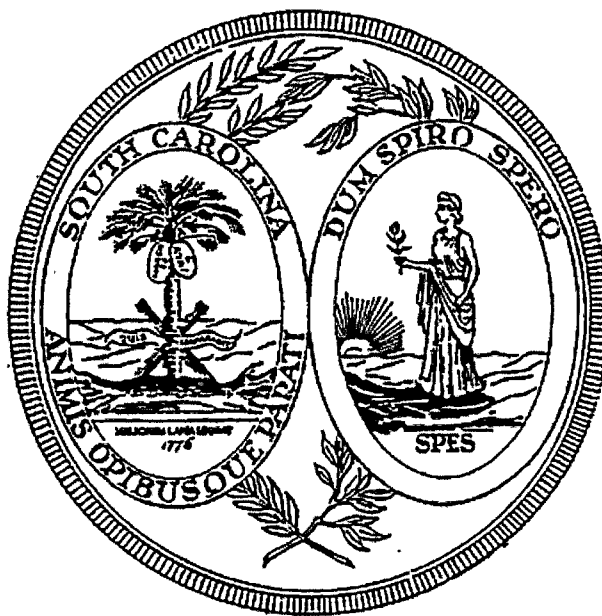
**PSC/ORS Number (leave blank)**

**FOR THE YEAR ENDED 2018**

☒ **Calendar Year Ending December 31, 2018**

**or**

☐ **Fiscal Year Ending \_\_\_\_\_**



**Certification**State of SOUTH CAROLINACounty of GREENVILLEI, TYLER FAIREY of thePALMETTO SPECIALITY TRANSFER LLC Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

TYLER FAIREY  
04/28/2020Signature  
Date

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the S.C. DEPARTMENT OF MOTOR VEHICLES (hereinafter called Commission) of PO BOX 1498, BLYTHEWOOD, SC 29216

This is to certify, that the Progressive Northern Insurance Co (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to PALMETTO SPECIALTY TRANSFER LLC of PO BOX 9381, GREENVILLE, SC 29604-0000 a policy or policies of insurance effective from 04/08/2020 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 8th day of April, 2020

Insurance Company File No. CA 02000363  
(Policy Number)

MC1633a(08/99)

  
(Authorized Company Representative)

IRB3539B

**SOUTH CAROLINA PUBLIC SERVICE COMMISSION**  
**and**  
**SOUTH CAROLINA OFFICE OF REGULATORY STAFF**  
**GROSS RECEIPTS FOR THE YEAR ENDING DECEMBER 31, 2018**  
**TRANSPORTATION REPORT**

(Please correct preprinted information as required)

**PALMETTO SPECIALTY TRANSPORT**  
 Company Name (as shown on Certificate) [Redacted]  
 Unit, City and/or State Abbreviation  
 100 WEST BRADLEY ROAD GREENVILLE SC 29611  
 Address City State Zip Code  
 TYLER FAHEY 863.211.8001 TFLR@PALMETTOTRANS.COM  
 Regulatory Contact Area Code & Phone Number E-Mail

**Hazardous Waste for Disposal Carriers**

Revenues Derived Via South Carolina Operations for the Year Ending 12/31/2018: \$

Certificate Number

**Household Goods Carriers**

Carrier: PALMETTO SPECIALTY TRANSPORT LLC

Certificate Number: 7746

Gross Revenue Derived Via South Carolina Operations: \$18452

Transportation or fine haul revenues are expressed as a rate per 100 pounds times the mileage of distance moved. However, they may only be expressed in a variety of ways to include an hourly rate. A carrier must include all revenues collected for moving property which meets the definition of "Household Goods" under 10 SC Code of Regulations 103-210.1. This includes all moves which both originate and terminate within South Carolina, excluding those moves which originate and terminate within the same municipality.

Preparer's Signature

Date

4/29/2020

**Attest:**

State of SC

County of Lexington

Personally appeared before me Tyler Fahey who, being duly sworn, says that he/she is the President of Palmetto Specialty LLC (Company) and that the foregoing statement for the year ending December 31, 2018, is correctly taken from the books and records of said Company and is true to the best of his/her knowledge and belief.

sworn to and subscribed before me this 29 day of April, 2020

Notary Public

My commission expires 12/31/2021

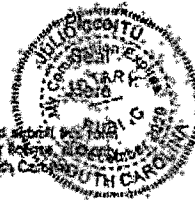
Witnessed by:

Witness Name and Regulatory Staff

Witness Address

Witness Phone

Failure to timely complete and submit this form could result in the loss of your license, ability to operate or certificate to operate in South Carolina.



**Return Deadline is August 31, 2019**



PALMSPE-01

ELEON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hub International Carolinas 751 Corporate Center Drive Suite 120 Raleigh, NC 27607	<b>CONTACT NAME:</b> Ellie Leon <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> ellie.leon@hubinternational.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: CSU Producer Resources, Inc. INSURER B: Progressive Northern Insurance Company INSURER C: Bridgefield Casualty Insurance Company INSURER D: Hanover Insurance Company INSURER E: INSURER F:	
<b>INSURED</b>  Palmetto Specialty Transfer, LLC 1220 Cook Street Columbia, SC 29203	<b>NAIC #</b> 38628 10335 22292	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CSU 0148940	4/2/2020	4/2/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		02000363-0	4/2/2020	4/2/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	0196-48774	5/29/2019	5/29/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Motor Truck Cargo		IH6 H225772 00	4/2/2020	4/2/2021	Any One Truck 50,000
D	Motor Truck Cargo		IH6 H225772 00	4/2/2020	4/2/2021	Deductible 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Palmetto Specialty Transfer, LLC PO BOX 9381 Greenville, SC 29604	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Ellie Leon
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